

DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, California 95814



January 27, 2003

ERRATA

TO: ALL COUNTY WELFARE DIRECTORS
ALL CalWORKs PROGRAM SPECIALISTS

SUBJECT: M44-207K2

REFERENCE: ALL COUNTY LETTER 02-94, dated 12/17/02

This Errata transmits Notice of Action (NOA) message M44-207K2 with revised instructions. The M44-207K2 NOA message was created for the implementation of the new senior parent deeming rule which now allows for the senior parents' income to be counted when computing the grant level for a minor parent case. The M44-207K2 released in All County Letter 02-94 instructed the message to be printed on the NA 210. However, page one of the M44-207K2 should be printed on the NA 290 and the NA 270 should be used as a continuation page for the budget on page two. We regret any inconvenience this may have caused.

Attachment

State of California
Department of Social Services

Noa Msg Doc No.: M44-207K2 Page 1 of 2
Action : Discontinue
Issue: Income
Title: Financial Eligibility

Auto ID No.:
Source :
Issued by :
Reg Cite : 44-207.2; 44-113.2

Use Form No. : NA 290
Original Date : 10-01-02
Revision Date : New

MESSAGE:

As of _____, the County is stopping your cash aid.

Here's why:

You cannot get cash aid if your family's net countable income is more than the maximum aid payment set by the state.

If you are pregnant or a parent and under age 18 living with your parent, in the past, your parent's income has been counted to figure the cash aid for you but was not used to figure the cash aid for your child. Because of a new law, your parent's income is now counted to figure the cash aid for your entire case. With this change, the total income in your case is over the limit.

Your family's needs and income are figured on the next page.

Medi-Cal: This notice DOES NOT change or stop Medi-Cal benefits. **Keep using your plastic Benefits Identification Card(s).** You will get another notice telling you about any changes to your health benefits.

Food Stamps: This notice DOES NOT stop or change your food stamp benefits. You will get a separate notice telling you about any changes to your food stamp benefits.

Receiving Medi-Cal and/or food stamps only DOES NOT count against your cash aid time limits.

INSTRUCTIONS:THIS NOA IS TO BE USED FOR IMPLEMENTATION OF THE NEW SENIOR PARENT DEEMING RULE Use to discontinue cash aid when the family's income (AU + Non-AU members) is more than the MAP. Use NA 270 as a continuation page to print budget computation.
file: sbradley/MSERIES/44207k2

Section A. Countable Income, Month of _____

Total Business Income \$ _____

Business Expenses:

a. 40% Standard..... - _____

OR

b. Actual - _____

Net Earnings from Self-Employment..... = _____

Total Disability-Based Unearned Income of
(Assistance Unit+ Non-Assistance Unit Members) \$ _____

\$225 Disregard..... - _____

Nonexempt Unearned Disability-Based Income = _____

OR

Unused Amount of \$225 Disregard..... = _____

Total Earned Income..... \$ _____

Net Earnings from Self-Employment (from above) + _____

Subtotal..... = _____

Unused Amount of \$225 Disregard (from above) - _____

Subtotal..... = _____

Earned Income Disregard 50%..... - _____

Subtotal..... = _____

Nonexempt Unearned Disability-Based Income
(from above)..... + _____

Other Nonexempt Income of (Assistance Unit
+ Non-Assistance Unit Members)..... + _____

_____ + _____

Net Countable Income..... = _____

Section B. Your Cash Aid, Month of _____

1.Maximum Aid,____Persons (Assistance Unit
+ Non-Assistance Unit Members)..... \$ _____

2.Special Needs(Assistance Unit + Non-
Assistance Unit Members)..... + _____

3.Net Countable Income from Section A.... - _____

4.Subtotal..... = _____

5.Maximum Aid,____Persons(Assistance Unit only)
(Excluding Sanctioned Persons)..... \$ _____

6.Special Needs (Assistance Unit only)... + _____

7.Maximum Aid Subtotal..... = _____

8.**Full Month Aid Subtotal**.....
(Lowest Amount on Line 4 or 7)..... = _____

9.Line 8 Prorated for Part of Month = _____

10.Adjustments: 25% Child Support Sanction
Overpayment..... - _____

10a. Other Sanctions..... - _____

10b. Bonus..... + _____

11.**Monthly Cash Aid Amount**
(Line 8 or 9 Adjusted)..... = _____